

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001279

1. Entity Name

~~MAGISTER FAMILY LIMITED PARTNERSHIP, LTD.~~

MAGISTER LIMITED PARTNERSHIP, LTD.

Principal Place of Business

3001 NORTH BAY ROAD
MIAMI BEACH FL 33140

Mailing Address

3001 NORTH BAY ROAD
MIAMI BEACH FL 33140-3812

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0938963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LABINER, PAUL S
2255 GLADES RD., STE 422A
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

273521

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

~~A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.~~
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

SILVERMAN, IAN
3001 NORTH BAY ROAD
MIAMI BEACH FL

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

SILVERMAN, HANNAH
3001 NORTH BAY ROAD
MIAMI BEACH FL

STREET ADDRESS

CITY - ST - ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

6/1/2000

June 5, 2000

Florida Department of State

Enclosed is our first UBR Report.

Kindly accept our report and our check for \$526.25 -- without adding any late charges. We originally thought the UBR was for corporations only.

Thank you.

Very truly yours,

A handwritten signature in dark ink, appearing to be 'I.D. Silverman', written over a horizontal line.

I.D. Silverman